

FILED MAY 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

19389

4361

Registration District No. 318

Primary Registration District 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Enroute to City Hos.		d. STREET ADDRESS 2549a E. Hebert Street	
3. NAME OF DECEASED (Type or print) MARGARET		4. DATE OF DEATH May 5-1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 30-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.C. Can Co.		11. BIRTHPLACE (City and state or country) Hillman, Illinois	
13. FATHER'S NAME Frank Buchanan		14. MOTHER'S MAIDEN NAME Irene Bearbour	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address John A. Hunt 4506 Carter Ave	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Fracture dislocation of the 1st and 2nd cervical with cord injury, suffered while struck by car operated by one Richard Edward J. in vicinity of PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I Carnell and Hebert road		INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) 220 am., May 5th 1957.	
20c. TIME OF INJURY Hour a. m. 220 Month, Day, Year 5 5 57		8124 25	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20 Street	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY No 000 STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 247 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Kelly Deputy Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 5-7-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 9th, 57	
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Leidner Undertaking Co 2223 St. Louis Av		25. DATE RECD. BY LOCAL REG. MAY 7 '57	
26. REGISTRAR'S SIGNATURE Charles Smith, Mo			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 35

P. O. Address 11 Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.